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**STATE OF WISCONSIN
Division of Hearings and Appeals**

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

MPA/159556

PRELIMINARY RECITALS

Pursuant to a petition filed July 23, 2014, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Division of Health Care Access and Accountability in regard to Medical Assistance, a hearing was held on September 24, 2014 via phone, rescheduled 2 times with the final hearing set for December 3, 2014 at which time the Petitioner could not be contacted.

There is no issue for determination by the Division of Hearings and Appeals at this time.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, Wisconsin 53703

By: Dr. Robert Dwyer, DDS
Division of Health Care Access and Accountability
1 West Wilson Street, Room 272
P.O. Box 309
Madison, WI 53707-0309

ADMINISTRATIVE LAW JUDGE:

David D. Fleming
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner is a resident of Milwaukee County.
2. Petitioner filed this appeal to contest a denial of a prior authorization request for periodontal scaling and root planing for 1-3 teeth per quadrant and periodontal maintenance.

3. Upon further review the Department approved the request for periodontal scaling and root planing for 1-3 teeth per quadrant for 2 quadrants and for 4 or more teeth for two quadrants. The maintenance was not approved. Thus, except for the maintenance, more was approved than requested.
4. At the initial hearing for this matter it was agreed to adjourn the matter to give Petitioner an opportunity to review the approved procedures with his provider to see if the approval resolved the matter. A second copy of the approval was sent to Petitioner.
5. A hearing scheduled for November 5, 2014 was rescheduled due to phone issues.
6. Petitioner could not be contacted for the December 3, 2014 hearing.

DISCUSSION

Given the facts noted above it seems that this matter has been resolved. Given the nonappearance on December 3 and without a written withdrawal this appeal is dismissed but with the advice to Petitioner and his provider, [REDACTED], that the provider may bill Medicaid for the approved procedures and should send a copy of the approval letter along with a new prior authorization request. Finally, though there is not a specific deadline that I am aware of as I write this Petitioner and his provider should note that this is not an open ended approval. If Petitioner and provider do not proceed soon with the procedures it would be wise to contact the Department and/or ForwardHealth before proceeding

Petitioner should note that the provider will not receive this decision and was not sent a copy of the approval letter. Another copy of the Department's letter of August 18, 2014 is included with Petitioner's copy of this Decision. Petitioner must provide these to his dentist.

CONCLUSIONS OF LAW

That this matter appears to have been resolved and Petitioner was not available for the December 3, 2014 hearing scheduled for this matter.

THEREFORE, it is

ORDERED

That this appeal is dismissed.

REQUEST FOR A REHEARING

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found at your local library or courthouse.

APPEAL TO COURT

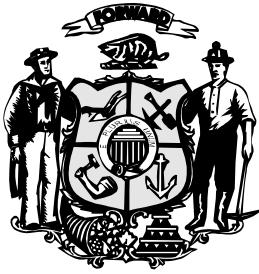
You may also appeal this decision to Circuit Court in the county where you live. Appeals must be served and filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Room 651, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Milwaukee,
Wisconsin, this 9th day of December, 2014

\sDavid D. Fleming
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on December 9, 2014.

Division of Health Care Access and Accountability